



CONTRACTOR RECIPROCAL LICENSE APPLICATION

Sandy City Business License

Sandy City Community Development Department

10000 Centennial Parkway, Sandy, UT 84070

TEL# (801) 568-7252 FAX# (801) 568-7278

For staff use only

Date Received: _____

Account Number: _____

Type of Request

☐ New License Request

☐ Update to Existing Contractor's Reciprocal License

Establishment Information

Name of Establishment: _____

Address of Establishment: _____

City, State, ZIP: _____

Business Phone Number: _____ Business Fax Number: _____

Type of Construction: _____

Commencement / Starting Date: _____

State License Number: _____

Mailing Address (if different): _____

Mailing City, State, ZIP: _____

Web Address: _____ Business Email Address: _____

Applicant Information

Full Name (F,M,L) _____

Home Address _____

City, State, ZIP _____

Date of Birth _____

Are you a qualifier on the State License? **Y / N** Home Phone Number: _____

Fees are calculated from August 1 through July 31 of each year:

\$90.00 Annual Fee: Prorate @ _____ % = \$ _____

Discount Annual Fee with Commercial License-\$70.00 Annual Fee: Prorate @ _____ % = \$ _____

\$11.00 per Empl: # _____ x \$11 = \$ _____ Prorate @ _____ % = \$ _____

TOTAL AMOUNT DUE \$ _____

Special Notes:

1. If the State Contractor License is revoked or lapses, the Sandy City Sub-Contractor business license is no longer valid.
2. Only those persons in possession of a Utah State Contractor License may apply for a Sandy City Contractor Business License. By State law, journeymen, or apprenticeship license holders are not permitted to apply for a business license.
3. A \$25 charge will be made on all checks returned by the bank.
4. If this business is located in a commercial location, a **Commercial Business license is also required.**
5. Signing this application affirms that all information supplied is true and correct and that any and all business conducted will comply with Sandy City ordinances and all other applicable State and Federal Statutes governing such business.

SIGNATURE OF APPLICANT /QUALIFIER

Date